

**LOWER PASSAIC RIVER STUDY AREA**  
**CLAIM CERTIFICATE**

Pursuant to the Lower Passaic River Study Area Portion of the Diamond Alkali Superfund Site Trust Agreement dated July 20, 2012 ("RM 10.9 Trust Agreement"), established pursuant to the Administrative Settlement Agreement and Order on Consent for Removal Action ("RM 10.9 Agreement"), CERCLA Docket No. 02-2012-2015, and attached to the RM 10.9 Agreement as Appendix E, the Grantors and/or their authorized representative submit this certificate, along with the enclosed written invoice (together, a "Claim Certificate") for payment from the RM 10.9 Trust Fund.

On this 9<sup>th</sup> day of July, 2013, Grantors and/or their authorized representative request that the Trust Fund Trustee, U.S. Bank, pay the amount of \$44,563.96 to de maximis, inc. at address: 450 Montbrook Lane, Knoxville, TN 37919 for work conducted in accordance with the Settlement Agreement and as described in detail in the enclosed invoice.

Grantors and/or their authorized representative certify:

- (i) that the invoice is for Work performed at the Site in accordance with the RM 10.9 Agreement;
- (ii) that the Grantors have sent a copy of such Claim Certificate to EPA, both to the EPA attorney, Sarah Flanagan, and the EPA RPM, Stephanie Vaughn, as required by the RM 10.9 Trust Agreement on the 9<sup>th</sup> day of July, 2013, as evidenced by the enclosed copy of the email.

In light of the foregoing, this Claim Certificate is being submitted with the following enclosures:

- (1) The written invoice for Work, including a description of the Work performed; and
- (2) A copy of the email to EPA's Sarah Flanagan (flanagan.sarah@epamail.epa.gov) and Stephanie Vaughn (vaughn.stephanie@epamail.epa.gov) forwarding a copy of this Claim Certificate to EPA.

In accordance with the RM 10.9 Trust Agreement, EPA has fifteen (15) days from the date set forth above to object to any payment requested herein.

  
\_\_\_\_\_  
Signature of Grantor/Authorized Representative

William H. Hyatt, Jr.  
\_\_\_\_\_  
Printed Name Grantor/Authorized Representative

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On this 9<sup>th</sup> day of July, 2013, Grantors and/or their authorized representative request that the Trust Fund Trustee, U.S. Bank, pay the amount of \$5,811.26 to AECOM, Inc. at address: 1178 Paysphere Circle, Chicago, IL 60674 with wire fund transfer of payment to: Bank of America, 100 West 33<sup>rd</sup> Street, New York, NY 1001, Account Name: AECOM, Inc., Account no.: 5800937020 with ABA routing no.: 026009593 and SWIFT Code no.: BOFAUS3N. Referencing reimbursement for work conducted in accordance with the RM 10.9 Agreement and as described in detail in the enclosed invoice.

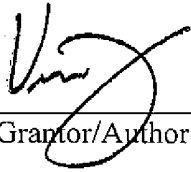
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Grantors and/or their authorized representative certify:

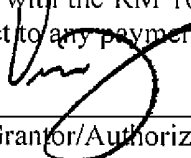
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